found, with other accompanying pathological conditions in the dura mater, etc. All the brain-scar tissue was removed. The operation was followed by complete paralysis of fingers of right hand, and *by incomplete loss of sense of touch* below the wrist, and *loss of muscular sense* in fingers.

Horsley, however, thinks it possible that the sensory disturbance may have been due to injury to some of the fibres coming from the gyrus fornicatus in the corona radiata. The motor and sensory paralysis disappeared in the course of the next two months. Up to the present time the patient has had no fits.

CASE II. was one of epilepsy in which the convulsions began with chronic spasmodic opposition of the thumb and forefinger (left), the wrist next, then the elbows and shoulders were flexed clonically, then the face twitched and the patient lost consciousness. The left leg, right leg, and right arm were then successively convulsed. Paralysis of left leg frequently followed a fit.

Dr. Hughlings Jackson diagnosed an irritative lesion, situated at the junction of the lower and middle thirds of the ascending frontal and parietal convolutions.

On operating, a cortical tumor was found in the suspected region, and removed. "Before closing the wound, the centre of the thumb area was removed by free incision. This detail Drs. Jackson and Horsley had resolved to carry out in the possible event of there being no obvious grave organic disease in order to prevent, as far as possible, recurrence of the epilepsy."

The operation was followed by partial motor paralysis of the left side of face, and complete paralysis of left arm and shoulder. Left incomplete hemianæsthesia developed. Later, all these symptoms disappeared, and at time of report there only remained weakness of grasp of hand and the fine movements of fingers were hampered.

The third case was diagnosed as epileptiform convulsions, due to an irritative lesion situated in the posterior third of the superior frontal convolution following injury of the skull. As before, scar tissue was found exactly at the spot diagnosed, and removed. One week after the operation, paresis of the right arm supervened. This, Horsley thinks, was hysterical. It had practically disappeared at time of report.

In the discussion following the paper, Erichsen, Charcot, and Hughlings Jackson spoke eulogistically of Horsley's results.

MORTON PRINCE.

Trephining in Epilepsy.—Dr. A. Hughes Bennett and Mr. A. Pierce Gould report in the *British Medical Journal*, January 1st, 1887, an interesting case of epilepsy apparently cured by operation. It has also some bearing on the localization of the visual centre.

The patient, male, æt. 36, with a good family history, received a severe blow about six years ago on the right side of the head. He was rendered unconscious for several hours, but there was no paralysis of any kind. The scalp was cut, but no injury to the bone could be detected. The wound healed, leaving a cicatrix, the centre of which was three and one-half inches from the longitudinal fissure in a line drawn vertically two and three-fourth inches behind the external auditory meatus. The man returned to his work; six weeks later, he had a convulsion, during which it was noticed the movement of the limbs was limited to the left side. After this the attacks became more frequent, so that just before the operation they averaged one each week.

The loss of consciousness was usually preceded by a bright-red flash of light, followed by what were apparently visual hallucinations and maniacal excitement. The patient was so violent that he was confined, at different times, in an insane asylum.

Trephining was decided upon in the hope that there might be a possible depressed fracture or some other local or removable injury to the underlying cortex.

The operation was performed, with strict antiseptic precautions, by Mr. Gould. A large trephine opening was made at the centre of the cicatrix, a joint overlying the angular gyrus, but nothing abnormal was found in either the bone, dura mater, or cortex. Exploratory incisions were made into the cerebral substance, but neither cyst, abscess, or new growth could be detected. The wound was closed ; no complication ensued, and the patient made a good recovery.

Since the operation, a period of six months, the patient has been entirely free from attacks, and is now able, for the first time in six years, to attend to his former occupation.

The cicatrix on the scalp and the subsequent trephining were situated over the region corresponding to the angular gyrus. The authors believe that the sensation of light at the beginning of an attack might be explained by the initiating irritation of the cortical visual centre ; and that the mania following the fit, which appeared to be accompanied by visual hallucinations, may have been associated with some functional disturbance of this convolution.

While admitting that sufficient time has not elapsed to insure certainty as to the permanence of the so far successful results of the operation, Dr. Bennett thinks it advisable to add this contribution to a subject which, at the present time, is so much occupying the attention of the profession. SANDERSON.

DR. W. R. GOWERS and Mr. Arthur E. Barker have published (*Brit. Med. Jour.*, December 11th, 1886) a case of abscess of the brain, treated successfully by trephining and drainage. The case is also of interest in other respects. The case began as an otitis media. There was later double optic neuritis, inequality of the pupils, and vomiting. The mastoid antrum was first opened, but there was no discharge of pus ; but some extremely fetid matter was washed out. The symptoms increasing, it was determined to trephine for cerebral abscess and search for one in the temporo-